

Summer Weight Lifting/Adult Fitness for Entering 9th Grade & Older and Tempe Adults

These weight rooms are opened for weight lifting in cooperation with the Tempe Union High School District for those entering 9th grade or older. Males and females are encouraged to participate. A Recreation Weight Room Supervisor will be on duty to assist, instruct, and offer consultation.

The program will conclude with the Power Lifting meet on July 15, 2004.

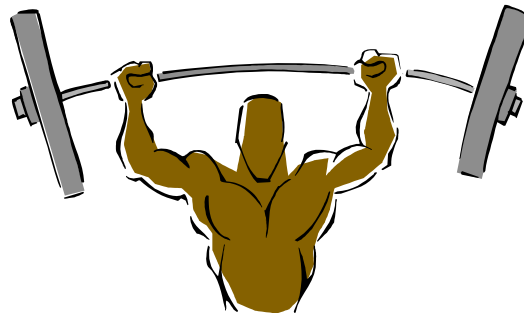
To participate in the program complete the registration form and mail or bring it to the Parks and Recreation Office. You can also register on-line at www.tempe.gov/pkrec.

2004 Dates

June 1st – July 16th

FEE: \$15.00

Fee Assistance available for
Tempe Residents.



<p>Marcos de Niza High School 6000 S. Lakeshore Drive Mon. through Friday: 2:00p-7:00p</p> <p>Adult Community Fitness Hours: 5:00p-7:00p</p>	<p>McClintock High School 1830 E. Del Rio Drive Mon. – Thursday 1:00p-6:00p Friday: 7:30a -11:00a</p> <p>Adult Community Fitness Hours: 6:00a-7:30a Fitness room 6:00p-8:00p Weight Room</p>
<p>Tempe High School 1730 S. Mill Avenue Mon. – Thursday 12:00p-7:00p</p> <p>Adult Community Fitness Hours: Mon. – Thursday 5:00p-7:00p</p>	<p>Corona del Sol High School 1001 E. Knox Road Mon. –Thurs. 1:00p-6:00p Friday: 9:00a –2:00p</p> <p>Adult Community Fitness Hours: 6:00p-8:00p</p>

Tempe Parks and Recreation Info: 480-350-5267 / TDD: 480-350-5050

www.tempe.gov/pkrec

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Weight Lifting 2004 Registration Form

(please print clearly)



Name _____ Parent's Name _____

Address _____

Day Phone _____ Night Phone _____

City _____ Zip _____ Birth Date _____

Age _____

FEE: \$15.00 per student

FEE ASSISTANCE AVAILABLE FOR TEMPE RESIDENTS.

ACTIVITY CODE:

PLEASE CHECK ONE

OWRM-1C	CORONA DEL SOL HIGH SCHOOL	_____
OWRM-2C	MARCOS DE NIZA HIGH SCHOOL	_____
OWRM-3C	MCCLINTOCK HIGH SCHOOL	_____
OWRM-4C	TEMPE HIGH SCHOOL	_____

Waiver of Liability

- ☐ With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating.
- ☐ I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- ☐ I understand that all reasonable efforts will be extended to insure my health and safety.
- ☐ If the Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- ☐ I fully understand the nature of this Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Activity.
- ☐ I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Activity. I will require the following accommodation to participate: _____
- ☐ I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability.
I sign it of my own free will.

_____/_____
REQUIRED: Parent or Legal Guardian Signature AND Printed Name Date

Payment

Fee: \$ _____

Check # _____ *Or* Credit Card Number _____ -- _____ -- _____ Exp. Date: _____

Signature Authorizing Charge to above number _____